

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO. <i>10/603 313</i>	FILING DATE <i>10/22/88</i>	
						APPLICANT(S) <i>1</i>		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	(
2	1							
3	1							
4	1							
5	1							
6	1							
7	6							
8	6							
9	6							
10	1							
11	1							
12	1							
13	1							
14	1							
15	1							
16	1							
17	1							
18	1							
19	1							
20	1							
21	①							
22	①							
23	②							
24	②							
25	③							
26	③							
27	③							
28	③							
29	③							
30	③							
31	③							
32	③							
33	③							
34	③							
35	③							
36	③							
37	③							
38	③							
39	③							
40	①							
41	①							
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.	16		1					
TOTAL DEP.	40		1					
TOTAL CLAIMS	55		1					